PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  Application or Docket Number  10/635728													28	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL		
TOTAL CLAIMS			2,					RAT	Έ	FEE		RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			3) _ minus 20=		* / ]			X\$ 9=			OR	X\$18=	198 .	h
INDEPENDENT CLAIMS			7- minus 3 =		* 4C			X42=			OR	X84=	2360	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			OR	+280=	عسرت	ľ
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT			OR	TOTAL		1
12-21-0 CLAIMS AS AMENDED - PART II (Column 1) (Column 3) (Column 3)									_	<u> </u>		OTHER	THAN	1
(COIDITRE 1)				1111 2	(Column 3)	<b>,</b>	SMA	\LL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• <i>33</i>	Minus	** 3	3	=		X\$	9=		OR	X\$18=		
AME	Independent	· 8	Minus	***	501.494	- /	┨	X4:	2=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+14	0=		OR	+280=	/	1
						,		T(	TAL		OR	TOTAL ADDIT, FEE		1
		(Column 1)		(Colu		(Column 3					_			]
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	*	Minus	**		=		X\$	9=		OR	X\$18=		ı
AME	Independent	*	Minus	***	-	-		X4:	2=		OR	X84=		1
L	FIHST PHESE	NTATION OF M	OLTIPLE DEP	ENDEN	CLAIM	<u> </u>	لـ	+14	0=		OR	+280=		1
								ADDIT.	OTAL		OR	TOTAL ADDIT, FEE		1
		(Column 1)		(Colu	mn 2)	(Column 3	3)_	A0011				A00.1.1 CC		]
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
NOW	Total	*	Minus	**		=		X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***	T (2) 4/44	<u> -</u>	4	X4:	2=		OR	X84=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+14	Ω=		OR	+280=		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		1
	The "Highest Nur	nber Previously Pa	aid For" (Total or	Independ	dent) is the	highest num!	ber fo							
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